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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/522,212	01/14/2005	Jean-Marie Adam	EL/2-22719/A/PCT	3742
³²⁴ JoAnn Villamiz	7590 05/05/200 car	8	EXAMINER	
Ciba Corporation/Patent Department 540 White Plains Road			CHUNG, SUSANNAH LEE	
P.O. Box 2005			ART UNIT	PAPER NUMBER
Tarrytown, NY	10591		1626	
			MAIL DATE	DELIVERY MODE
			05/05/2008	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Internations Comments	10/522,212	522,212 ADAM ET AL.	
Interview Summary	Examiner	Art Unit	
	SUSANNAH CHUNG	1626	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>SUSANNAH CHUNG</u> .	(3)		
(2) <u>JOSEPH SUHADOLNIK</u> .	(4)		
Date of Interview: 01 May 2008.			
Type: a)⊠ Telephonic b)□ Video Conference c)□ Personal [copy given to: 1)□ applicant 2	2) <mark> applicant's representative</mark>	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e) <u></u> No.		
Claim(s) discussed:			
Identification of prior art discussed:			
Agreement with respect to the claims f)⊠ was reached. of	ı)∏ was not reached. h)∏ N	I /A.	
Substance of Interview including description of the general reached, or any other comments: <u>THIS CASE IS ABANDO</u>		if an agreement	was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no dallowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTE requirements on reverse side or on attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM,	v been filed, APPI Y DAYS FROM T WHICHEVER IS	LICANT IS HIS LATER, TO
	/REI-TSANG SHIAO /		
Examiner Note: You must sign this form unless it is an	Primary Examiner, Art Unit 16 Examiner's signature, if requi		

Application No.

Applicant(s)